

State Public Health Laboratory

This form to be used for a single sample. A sheet must be filled out for each sample submitted. Failure to complete form may delay testing.

SAMPLE COLLECTED BY / SUBMITTED BY (NAME)				DATE 00115	-0750		
				DATE COLLECTED:			
AGENCY				TIME COLLECTED:			
AGENCI				OFFICIAL	OFFICIAL UNOFFICIAL		
				SEALED		UNSEAL	LED
ADDRESS (STREET NUMBER & NAME)				ORIGINAL CONTAINER YES NO			
				SAMPLE CO	NTAINER S	STERILE?	YES □ NO
CITY STATE ZIP CODE						RATORY USI	
					ON LABOR	INATORT GO	_
DESCRIPTION OF SAMPLE				LAB NUMBER DATE RECEIVED			
PLACE WHERE SAMPLE WAS OBTAINED				CONDITION	OF SAMPI	E ON ARRIV	ΔΙ
TENCE WHENE GAWII EE WAS OBTAINED				CONDITION OF SAMPLE ON ARRIVAL SATISFACTORY FROZEN NOT			
				UNSATISFACTORY ICED ICED			
NAME OF PRODUCER:				COMMENTS			
PRODUCER'S ADDRESS:							
				·			
MFG. LOT #	EXPIRATION DATE	I EIGHNOLE			TYPE OF	CONTAINER	8
NONPERISHABLE APPEARANCE OF CONTAINER (SWELL, NORMAL, ETC.)							
APPEARANCE OF CONTAINER (SWI	ELL, NORMAL, ETC.)						
REASON FOR ANALYSIS							
SURVEILLANCE				FOODBORNE ILLNESS			
			REMARKS →				
TESTS TO BE PERFORMED (SPECIFY)							
LABORATORY TEST RESULTS							
			DATE REPORT	ED	TECHNIC	CIAN	